STATE OF NEBRASKA Agency Case No. INVESTIGATOR'S MOTOR VEHICLE ACCIDENT REPORT \_\_\_ of . Sheet \_ DATE OF ACCIDENT TIME OF ACCIDENT POLICE NOTIFIED DAY OF ACCIDENT MILITARY TIME FOR STATE USE ONLY DAY YR. POLICE ARRIVED PLACE OF ACCIDENT Hrs INVOLVED ONE-WAY STREET ROAD ON WHICH ACCIDENT OCCURRED YES NO мен N S E W OF MILEPOST HIGHWAY NO. DISTANCE YES NO Νo MILEPOST IF NOT AT INTERSECTION IF AT INTERSECTION ≥≈ N S E W OF NEAREST STREET OR HIGHWAY, BRIDGE, RAILROAD CROSSING OR MILEPOST TOTAL VEHICL N S E W OF NEAREST CITY OR TOWN: N S E W AND MILES VEHICLE NUMBER - 2 VEHICLE NUMBER -DRIVER'S ADDRESS: CITY STATE ZIE DATE OF BIRTH DRIVER'S STATE DRIVER'S LICENSE STATE LICENSE PLATE LICENSE PLATE ш 2 귤 FAR: YEAR: 픨 플 CITATION YES \_\_\_\_ NO \_\_\_\_ PHONE: MBER (VIN) VEHICLE I.D. NUMBER (VIN) WNER'S ADDRESS CITY, STATE, ZIP CITY, STATE, ZIP WNER'S ADDRESS SURANCE COMPANY POLICY NUMBER POLICY NUMBER OWED TO: TOWED BY EXTENT OF VEHICLE DEFORMITY (Check one per vehicle) DRIVER'S CONDITION (Check one per vehicle) DISPOSITION OF VEHICLE (Check one per vehicle) CIRCLE POINT OF IMPACT & SHADE DAMAGED AREA VEHICLE MOVEMENT BEFORE COLLISION VEHICLE VEHICLE None Minor Moderate VEHICLE
1 2 Towed-due to damages
C Towed-other reasons
C Left at scene
Driven away
Unknown 3 **VEH** 4 Severe
5 Unknown  $\mathbb{Z}$ 5 1 2 MAJOR REASON FOR NOT SEEING DANGER (Check one per vehicle) MAJOR n...
DANGER (Check Gree, ...

VEHICLE
1 None
2 Rain, snow, or ice on windows
3 Dirty windows
4 Glare
5 Glare
5 Trass. crops, etc.
6 Buildings
7 Embarkment
8 Traffic sign
9 Billipoard
10 Parked vehicle
11 Moving vehicle
12 Other (Specify) VEHICLE 1 2 7 Going ahead
Passing
Turning right
Turning left
Turning left
Turning left
Side Making "U" turn
Side Starting from parked position
Bibliother Starting from parked position
Bibliother Stapped in traffic lane
Backing up
Stapped in traffic lane
Stapped in traffic lane
Parked
In Stapped parked
Ingroperly parked
Ingroperly parked
Merging
Changing lanes 9 Top & windows
10 Undercarriage
11 Alt areas
12 Unknown VEHICLE CONDITION (Check one per vehicle) 1\_4 ALCOHOL TESTING 3 VEH CODE 5 1 ( ALCOHOL LEVEL TESTED 2 Υ N 8 | 7 9 Top & windows
10 Undercarriage
11 All areas
12 Unknown Driver No. 2 ¥E, Pedestrian DID AIR BAG DEPLOY? (✔) IF NO AIR BAG AVAILABLE RESTRAINT USE AIR BAG (❤) IF NO AIR BAG AYAHLABLE RESTRAINT USE AIR BAG SEAT POSITION YES NO SEAT POSITION YE\$ NO VEH **VEH** Driver Seat Driver Seat 2 1 Front Passenge Front Passenge BICYCLE MOTORCYCLE MOTORCYCLE BICYCLE HELMET USE 5 - Automatic belt 6 - Child restraint HELMET 1 - No restraint available 2 - Restraint not used 5 - Automatic belt YES NO YES YES NO YES NO 2 - Restraint not used 3 - Lap bett 7 - Unknown Operator 7 - Unknown Operator 3 - Lap belt 4 - Lap & shoulder belt 4 - Lan & shoulder belt 1 2 3 4 5 RESCUE UNITS AT SCENE DATE OF BIRTH COMPLETE THIS SECTION FOR ALL INJURED PERSONS Seat. Pos. Eject. Body Inj. Trans (Complete a continuation report, if more than three were injured).

ADDRESS:

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VER. # NAME

VEH. # NAME:

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STATE OF NEBRASKA

## INVESTIGATOR'S SUPPLEMENTAL TRUCK AND BUS ACCIDENT REPORT

This form must be completed in addition to the DR Form 40, "Investigator's Motor Vehicle Accident Sheet ..... of ...... Report," if any of the vehicles involved meet the criteria listed on the back of this form. AGENCY CASE NUMBER DATE OF ACCIDENT FOR STATE USE ONLY OCCURRED ON HIGHWAY/ROAD/STREET: Dist TRUCK / BUS - 1 GROSS VEHICLE WEIGHT RATING (Combined rating for vehicle and trailer) NUMBER OF AXLES CARRIER IDENTIFICATION NUMBER CARRIER NAME: (Print or type full name CARRIER NAME SOURCE 1 Vehicle Side 1 U.S. DOT CITY, STATE, ZIP ARRIER ADDRESS: (Street or R.F.O.) 2 ICC MC 2 Shipping Papers 3 Driver or Logbook 3 ST \_\_\_\_\_ No. SEQUENCE OF EVENTS (Indicate the order of events by Code No. for this vehicle) TRUCK WIDTH (widest part of truck or trailer) COMMERCE CLASSIFICATION CODE NO. CODE NO. SEQUENCE CODE NO. 10 Collision with parked vehicle
11 Collision with train
12 Collision with pedalcycle 1 \_\_\_\_ 96 inches 2 \_\_\_\_ 102 inches Ran off road Jackknife Interstate Commerce 1st Event 2 Intrastate Commerce 3 Other (Specify) Overturn 13 Collision with animal Downhill runaway 3 Not Applicable 2nd Event Collision with fixed object Cargo loss or shift CARGO BODY TYPE VEHICLE CONFIGURATION Explosion or fire Collision with other object 3rd Event Other (Specify) Separation of units Bus Van/Enclosed Box 8 Collision with pedestrian 4th Event 9 Collision with vehicle in transport Single-Unit Truck: 2 axles, 6 tires Cargo Tank Single-Unit Truck: 3 or more axles HAZARDOUS MATERIAL INVOLVED Flatbed
Dump
Concrete Mixer
Auto Transporter
Garbage/Refuse
Other (Specify) Single-Unit Truck tractor (bobtail) 1-Digit (from box or diamond) Was hazardous cargo released? (do not count fuel from fuel tank) Placard Information: 4-Digit I.D. or Name (from box or diamond) Did vehicle have a HAZ MAT Placard? Tractor with Semi-Trailer Tractor with Doubles 1 Yes 2 No 1 Yes 2 No Tractor with Triples 9 Unknown Heavy Truck **BUS - 2** TRUCK/ NUMBER OF AXLES GROSS VEHICLE WEIGHT RATING (Combined rating for vehicle and trailer) Including trailer) CARRIER IDENTIFICATION NUMBER CARRIER NAME: (Print or type full name CARRIER NAME SOURCE 1 U.S. DOT \_ 1 Vehicle Side CITY, STATE, ZIP: 2 ICC MC . CARRIER ADDRESS: (Street or R.F.D.) 2 Shipping Papers 3 ST\_ No. 3 Driver or Logbook SEQUENCE OF EVENTS (Indicate the order of events by Code No. for this vehicle) TRUCK WIDTH (widest part of truck or trailer) COMMERCE CLASSIFICATION (check one) SEQUENCE CODE NO. CODE NO. CODE NO. 10 Collision with parked vehicle
11 Collision with train 1 \_\_\_ 96 inches Ran off road Interstate Commerce 1st Event 102 inches Jackknife 2 102 inches
3 Other (Specify) 12 Collision with pedalcycle
13 Collision with animal Intrastate Commerce Overturn Not Applicable Downhill runaway 2nd Event Cargo loss or shift 14 Collision with fixed object CARGO BODY TYPE VEHICLE CONFIGURATION Explosion or fire 3rd Event Separation of units Collision with pedestrian 16 Other (Specify) Bus
Van/Enclosed Box
Cargo Tank
Flatbed
Dump
Concrete Mixer
Auto Transporter Bus 4th Event Collision with vehicle in transport Single-Unit Truck: 2 axles, 6 tires Single-Unit Truck: 3 or more axles HAZARDOUS MATERIAL INVOLVED Single-Unit Truck tractor (bobtall) Was hazardous cargo released? (do not count fuel from fuel tank) 1-Digit (from box or diamond) Truck with Trailer Did vehicle have a HAZ MAT Placard? Auto Transporter Garbage/Refuse 4-Digit I.D. or Name (from box or diamond) Tractor with Semi-Trailer 1 Yes 2 No 1 Yes 2 No 8 Tractor with Triples
9 Unknown Heavy Truck EXAMPLES OF VEHICLE CONFIGURATION CATEGORIES 2 SINGLE-UNIT (2 Axie; 6 Tire) SINGLE-UNIT TRUCK TRACTOR 3 SINGLE-UNIT (3 or more axles) 1 BUS A SPECIAL OF A 1001 8 TRACTOR WITH TRIPLES 6 TRACTOR WITH SEMI-TRAILER 7 TRACTOR WITH DOUBLES TRUCK WITH TRAILER ייס OFFICER NO: INVESTIGATOR'S SIGNATURE DATE OF REPORT OR'S PRINTED OR TYPED NAME